MARYLAND STATE DEPARTMENT OF HEALTH

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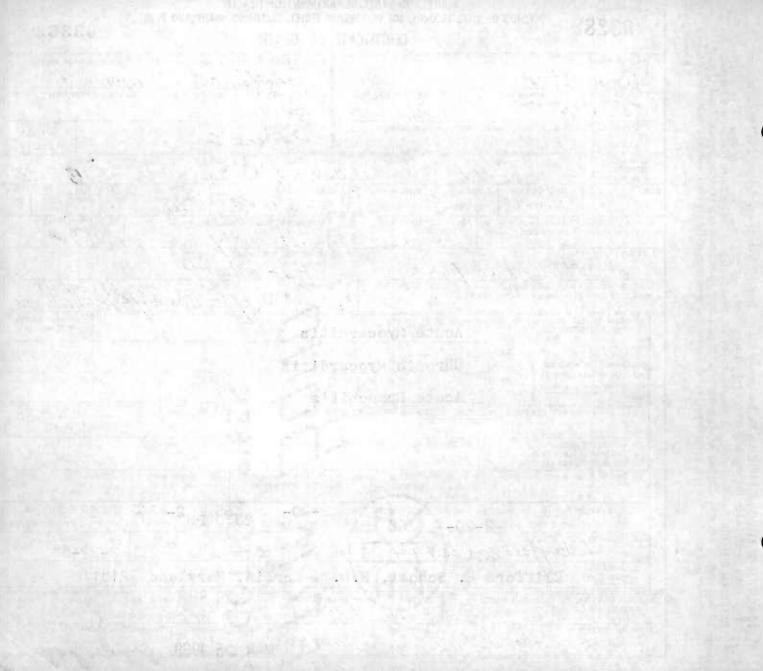
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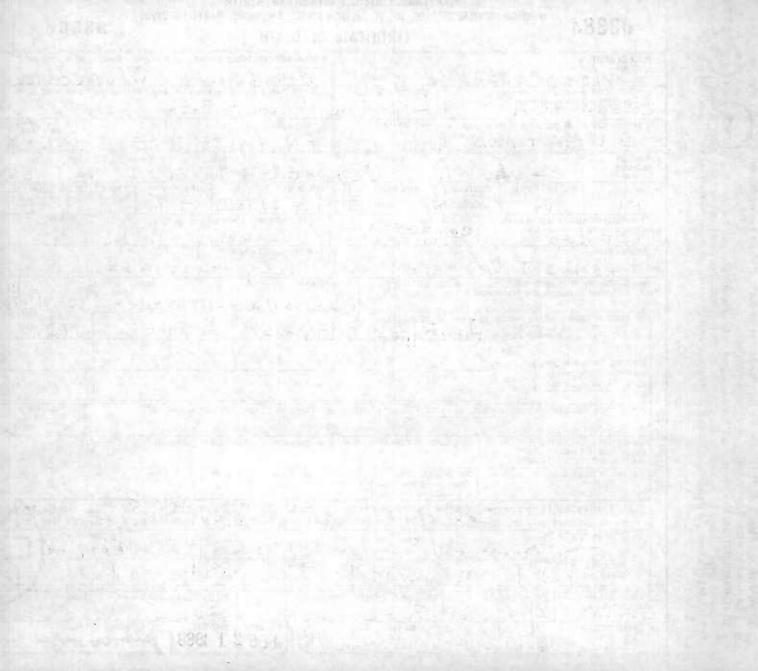
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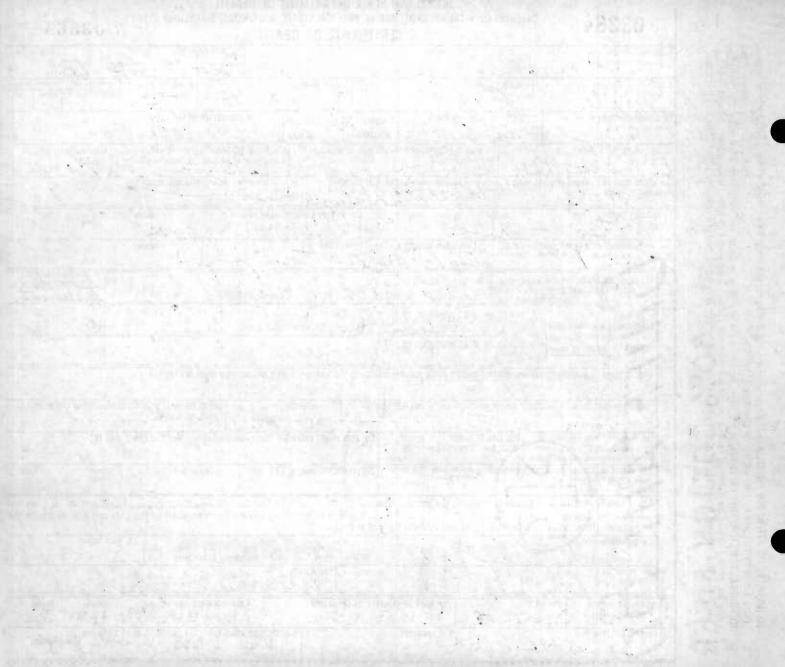
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03382 03362 CERTIFICATE OF DEATH hours after death. funeral 1 and and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE WORCES within 72 haurs after MARYLAND b. CITY OR TOWN (If autside corporate limits, c LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) write RURAL and give nearest tawn) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? Elled YES X NO [The law requires that the death certificate be executed withi NAME OF Middle DATE Month Year remave carban Doy campletely DECEASED 2 and in any event, (Type or print) DEATH S. SEX 9. AGE (In years IF UNDER IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** last birthdoy) Months Dovs Hours NOGRO WIDOWED DIVORCED gud 1Db. KIND OF BUSINESS OR 1Do. USUAL OCCUPATION (Give kind of work done 11. BIRIHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT please during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remayal. 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yes, no, or unknown) (If yes give wor or dotes of service burial, crematian, 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH Acute Myocarditis IMMEDIATE CAUSE (o) be retained by the haspital ar attending physician. DUF TO Conditions, if ony, which gove Chronic Myocarditis rise to immediate couse (a) DUE TO stoting the underlying couse Acute Bronchitis lost. WAS AUTOPSY PERFORMED? has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) State Dept. of Health NO certificate for 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dc. TIME OF INJURY Month, Doy, Yeor 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, (City or town) (State) (County) Hour o.m. factory, street, office bldg., etc.) TO FUNERAL DIRECTOR: After of work to 2 2 2 , 19 68 That (1) (we) 1031 21. I certify that (1) (this haspital) attended the deceased from 2-20director, page 3 shauld shauld be filed with the and that death accurred a?8 saw the deceased alive an_ 22o. SIGNATURE 22b. DATE SIGNED ATTENDING X 2-27-68 M.D DIRECTOR PHYS. PHYS 22d. ADDRESS 22c. PHYSICIAN'S O HOSPITAL Schott, M.D. Berlin, Maryland NAME (Type) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION DATE THEREOF (Stote) REMOVAL (Specify) RUCK 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAD DIRECTOR VR A15 (4) 25M 1/67



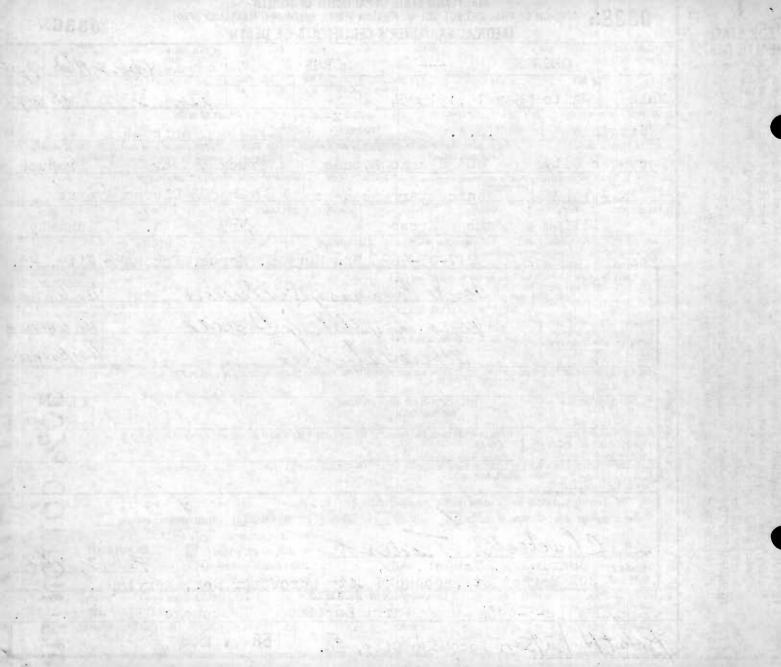
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03383 03363 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY b. COUNTY ROFSTER after MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give pearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (It outside corparate limits, write RURAL and give nearest town) within 72 hours d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS MORE YES NO DO OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within NAME OF Middle DATE Month last Dov. Year DECEASED (Type or print) DEATH 19 6 6. COLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED **NEVER MARRIED** lost birthdoy) Months Dovs N and in any WIDOWED DIVORCED VV and O HIDUSTRY E PER A 1Do. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT COUNTRY? during nost of working life, even if retired) SHERMINN 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or remaval, TINGS 5 attending poermit. The 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMAN Address 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dates of service cremation, 18. CAUSE OF DEATH (Enter only one couse per line for (o), Ab), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO signed burial, a Conditions, if ony, which gove (b) rise to immediate couse (o). DUE TO stating the underlying couse O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital ar attending this certificate has been s snauld be detached far use as the with the State Dept. af Health priar ta lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 2Da. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) 2Dc. TIME OF INJURY Month, Doy, Yeor (Stote) Haur 'o.m. factory, street, affice bldg., etc.) Nat While ot work ot work After 21. I certify that (1) (this hospital) attended the deceased from. 1968 and that death accurred at 10 A M, fram causes and an the date stated above. TO FUNERAL DIRECTOR: saw the deceased alive an 220. SIGNATURE M.D. PHYS. -DIRECTOR PHYS directar, page shauld be filed 22d-ADDRESS 22c. PHYSICIAN'S rear NAME (Type) 230. BURIAL, CREMATION, DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) (County) 968 UVE 24. FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67



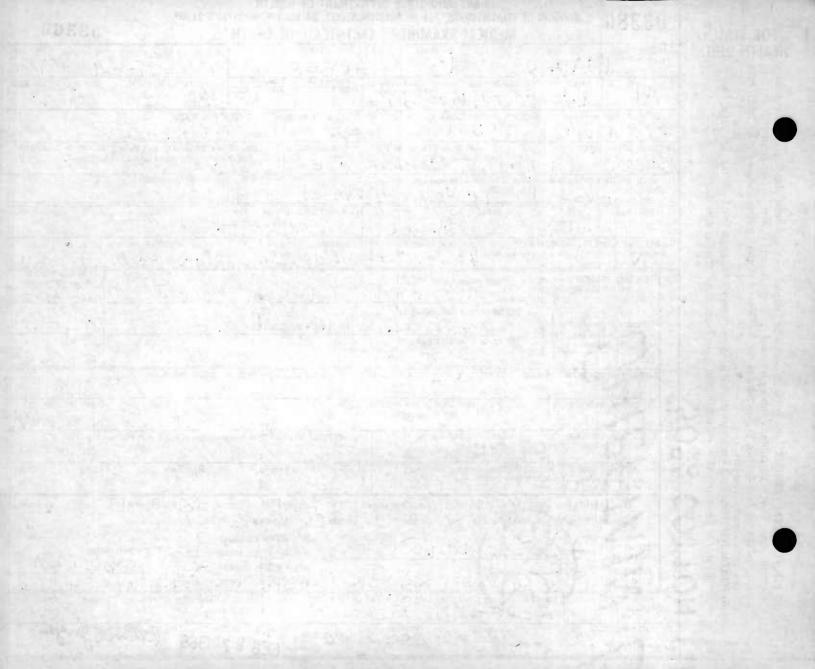
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03384 03364 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Last 2g. DATE OF DEATH 2b. HOUR (Type or print) Month buriol-tronsit permit. Then pleose remove corbon popers. Pages 1 केर्ग्य burial, cremation, or removol, ond in ony event, within 72 hours after deat Q 12 8 L 8 24 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS YRS requires that the death certificate be executed within 24 hours 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH completely filled in by 7o. BIRTHPLACE (Stote or foreign 8. MARRIED NEVER MARRIED country) reces DIVORCED [WIDOWED I Md. 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH give street oddress) during man at warking life, even if retired.) INDUSTRY une 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) 13b. COUNTY/ 14. FATHER'S NAME Middle Middle Last 15. MOYHER'S MAIDEN NAME First physicion on pleose 17. INFORMAN 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Address Yes, no, or unknown) V(If yes give war or dates of service) 019 attending p APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the buriol-tronsit p Canditions, if any, which gave rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) director, page 3 should be detoched for use os the should be filed with the State Dept. of Health prior to has been 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔲 NO Z TO FUNERAL DIRECTOR: After this certificate 4 may be retoined by the hospitol or 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR ATTENDING PHYSICIAN: OR CONTRIBUTING - CAUSE OF OEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M 21d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town County State While Not while at wark , to 2-24 22a. I certify that (1) (this haspital) attended the deceosed from 1946 . 19_ 1968, and that in (my) (our) opinion death occurred on the date and haur and from the saw the deceased alive an 2 couses stated above, (I) (we) (did) (did not) view the bady ofter death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING STAFF DEGREE DIRECTOR PHYS PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 231. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE (County) 23a. BURIAL, CREMATION, Till! 24. FUNERAL DIRECTOR **ADDRESS** 2Sa. REC'D, BY REGISTRAR VR A15 (4) DATE



L.	1	0338	C DIVISIO	N OF VITAL	RECORDS							AND 21	201			
FOR STATE		03385 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH										5				
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Y, p rral per re prio	SIGNATURE Charles W Trader MD DEPUTY MEDICAL EXAMINER TO TELL V. M.D. ASSISTANT MEDICAL EXAMINER TO TELL V. M.D									SIGNED	10					
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		MARYLAND STATE DEPARTMENT OF HEALTH	
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FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	33360
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hin 24 ncil in niner's pages hours		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS BO	x 622
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		PRIMARY OR CONTRIBUTING HOUR A.M.	0111 10.]
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03387 03367 CERTIFICATE OF DEATH 1. DECEASED-NAME First Last 2a. DATE OF DEATH 2b. HOUR after death (Type or print) Month arence attending physician and completely tilled III by tne tur permit. Then please remave carban papers. Pages 1 ian, ar remaval, and in any event, within 72 haurs after 3. SEX 4. RACE 6. AGE (In years S. DATE OF BIRTH IF LINDER 1 YEAR IF UNDER 24 HRS. last birthday) DAYS YRS. 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COLL 8. MARRIED NEVER MARRIED country) WIDOWED DIVORCED [10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR The law requires that the death certificate be executed within during mast af warking life, even if retired.) **INDUSTRY** acomoke 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admissian) STATE 13b. COUNTY YES 🔀 NO 14. FATHER'S NAME First Middle 15. MOTHER'S MAIDEN NAME First Middle Last aura Kogers 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yes, no, or unknown) burial-transit permit. Then pl burial, crematian, ar remaval, 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND OFATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSPQUENCE OF Conditions, if ony, which gave rise to immediate cause (a), signed by DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital ar attending physician. stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) far use as the t f Health priar ta b O FUNERAL DIRECTOR: After this certificate has been 19a. DATE OF OPERATION .19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES T NO | 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF OEATH HOUR A.M. Month Doy Year State Dept. af P.M (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Not while at work OR ATTENDING 220. I certify that (I) (this hospital) attended the deceased from 225, 1965, to 2, 1965, to 1965, that (I) (we) lost sow the deceased alive on 1965, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death. shauld be directar, page 3 shauld should be filed with the 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. DEGREE DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23b. DATE NAME OF CEMETERY OR CREMATORY 23d. 23g-BURIAL, CREMATION LOCATION (City of Town) (Stote) (County) REMOVAL (Specify) 68 250. REC'D BY REGISTRAR
DATE FEB UNERAL DIRECTOR VR A15 (4) 30M REV. 1/68

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